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ABSTRACT

This paper reviews the evaluation studies conducted by the University of Alabama clinical training program in psychology over more than 10 years. Four program areas which were evaluated during these years are described: teaching, research, training issues, and clinical administration. The research apprenticeship emphasis in Alabama's psychology program is noted, and results of a 1982 survey of 75 clinical graduate students, undertaken to measure the research program's outcomes, are provided. The programs and courses developed to meet the needs of graduates who found positions for which they had little entry level training in teaching or in management/administration are described, and the evaluations related to those programs are discussed. The clinical training studies which were conducted to evaluate the interview process for selecting graduate sutdents, and to develop a manual for the university psychological clinic are summarized. Finally, the use of longitudinal studies and cooperative cross-sectional evaluations involving several clinical training programs is suggested. (MCF)

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Local Training Evaluation: Some but Not Enough[1]

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In contrast to the systematic training evaluation reported by Stevenson, Norcross, King and Tobin (1984), efforts to evaluate the clinical training program at Alabama have been sporadic, circumscribed, and essentially unplanned. However, when we began to look at the isolated studies produced over more than a decade, a surprising degree of order emerged. The content areas we have evaluated in these studies are familiar enough: teaching, research, selected trai ing issues, plus the new kid on the block--clinical administration.

Research

As does the typical training program, Alabama supports the scientist-professional model. However, we discovered early on that students have a marked propensity for the practitioner side of that model. Interest and enthusiasm for the scientist role must be shaped along. An examination of the research productivity of our clinical faculty and students lead to the establishment of a research apprenticeship emphasis (Rickard, Dinoff & Fowler, 1970). During a three year baseline period, three clinical faculty members had produced nine publications, two co-authored by students. After the advent of the research apprenticeship emphasis, the next three year period saw 41 publications by the same three faculty, 38 of which were co-authored by students. In the mid 70's, we followed up

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on the research activities of the 20 clinical students who had been exposed to that research apprenticeship emphasis (Rickard & Siegel, 1976). The rate of publication of the group was almost three times the rate reported by Pasewark and his associates in their study of the publication rate of members of Division 12 of the American Psychological Association (Pasewark, Fitzgerald, Thornton and Sawyer, 1973). Fifty-five percent in that sample had no publications; in our sample only 20% failed to publish. They found that 10% of their group authored 56% of the total publications whereas 10% of our sample authored only 30% of the publications. Thus those students appeared to be research productive compared to the available norms and, further, the "spread" of research participation was more reasonable.

We are presently examining a 1982 survey of 75 of our clinical graduate students. Those data provide a follow-up of the Rickard and Siegel study. Twelve of the 20 original students responded. It is interesting to note that all six top research producers at the time of the second survey were in the top half ranked by productivity in the first survey. Also, the six lowest at the time of the 1982 survey were all in the bottom half of research productivity in the first survey. The four highest research producers in the 1973 survey, 9 years later, had shown a remarkable acceleration of research productivity. The top producer listed 130 books, book chapters, and journal articles.

Teaching

In respect to teaching the problem facing the program was the knowledge that about 25% of our students have taken positions in universities and other settings where teaching is one of their major functions. Feedback suggested that entry into teaching was sometimes painful and that some graduate preparation would have been most helpful. What kind of preparation was the critical question. We certainly did not wish to launch into a series of method courses or in any way impose an inordinate strain on our curriculum. We compromised by establishing the requirement that each doctoral student teach a small section of introductory psychology in the usual lecture format. A senior faculty member provides weekly lectures/discussions and offers individual supervision of the doctoral students teaching activities. The course is required of all students, experimental and clinical. Routine evaluation is performed in terms of grades for the 3-hour course and routine teacher ratings by the undergraduate students. In an evaluation of the teaching of introductory psychology we found, among other things, that mean accuracy on a departmental test was actually higher for students taught by the graduate student teachers as opposed to students taught by seasoned instructors (Ellis & Rickard, 1977). Further, we have received a great deal of informal feedback as to the good quality of our graduate student instruction. Our 1982 survey indicates that teaching is the second highest activity

engaged in by our clinical graduates. Thus we know that teaching skills are needed, and we have some evidence that we are providing those skills.

Administration

Again, the problem was one of students finding themselves in positions for which they had little entry level training. We became interested in the possibility of administrative training inspired by an article that appeared in The Clinical Psychologist in 1973 (Steger, 1973). Our own students were taking jobs as ward psychologists, program administrators, and the like, and complaining to us that they had no idea how to read a budget statement or develop general management strategies. With Steger's help we developed a course and mounted two surveys: one to assess the extent of administrative training for psychologists in APA-approved clinical programs (Rickard & Clements, 1981) and a second to discover the management functions currently being carried out by clinical psychologists (Clements, Rickard & Kleinot, in press).

Of the 108 clinical directors who responded to our first survey, 8 stated they offered a course devoted solely to the teaching of management skills; 91 said they did not. Further it was found that only a handful of students ever take management courses outside departments of psychology. A substantial majority of the respondents believe that administrative training should be offered somewhere in the curriculum, either in coursework or practicum, on

an elective basis. However, a vocal minority protested the introduction of management training primarily because of an already crowded curriculum.

In the second survey 65% claimed involvement in management duties and functions. These respondents stated that management activities occupied an average of 33% of their entire professional work time. The highest percent of management time was devoted to administration: that is, acquiring resources; scheduling, attending, conducting meetings; writing program reports, etc. (36%). The remainder of the time was fairly equally distributed among the following four management functions: (1) planning, forecasting, and evaluating, (2) training and development, (3) influence and control, and (4) spokesman, liaison. The results of these surveys were helpful to us in developing our management course and keeping it updated.

Clinical Training: Selection of Graduate Students

As with all APA-approved clinical programs, the Alabama program has an abundance of qualified applicants. How best to select students is the problem. A number of programs, including our own, have attempted to use the personal interview to select from the large pool of academically qualified applicants those who possess personality characteristics congruent with the role of a clinical psychologist. At Alabama we have vacillated in our commitment to the use of the interview for this purpose, sometimes interviewing,

sometimes not. Some faculty are sold on the interview and others remain quite skeptical. It occurred to us that the interview is typically held for the benefit of the training program, and that we tend to be less concerned about how the interview process impacts on the potential graduate student.

To assess this question we surveyed rejected and accepted clinical applicants and asked them for a retrospective reaction to our procedures (Rickard and Rahaim, 1982). Neither group saw the process as particularly stressful although it included interviews with faculty and advanced students, participation in a simulated game, informal social contacts, and small group discussions centering around particular subject matter. However, marked differences emerged in response to the question, "Do you feel that Alabama's interview process allowed you to bring out your qualities, abilities, and interests"? The accepted candidates were quite enthusiastic, as shown by such reactions as (1) "yes, very definitely"! and (2) "I think the interview brought a personal element into a rather impersonal process." The rejected group of candidates gave very different responses: (1) "Not really, it was pretty well a waste of time," (2) "No, I felt like I was running for Mr. Sociable," and (3) "Probably not, with a whole group of people being looked at once, it's hard to get past the behaviors caused by the situations." We concluded that "it's painful enough to be rejected based on academic criteria; it may be even more threatening

to be refused admission after a personal interview in which you interact with faculty and graduate students."

In a subsequent study (Rickard and Clements, in press) we asked faculty to rate the strength of their probable endorsement for interviewed vs. noninterviewed students for internships, clinical employment, and academic employment. None of the four naive judges recognized the true purpose of the experiment. And as it turned out, ratings for interviewed and non-interviewed students were almost identical. There are a number of methodological reasons why the results of this study should be viewed with caution; however, it is our belief that since the interview appears to have some negative implications for both students and programs, its' effects should clearly enhance the selection procedure. Our data do not support that view.

Clinical Training: The Psychological Clinic

We view a well-functioning psychological clinic as central to a university-based clinical training program. From among the many questions one might ask about a psychological clinic we have recently selected a couple initiated by our late Clinic Director.[2] It seems clear that a manual is quite important to the proper functioning of a clinic, and especially to graduate student consumers. Further, it seemed possible to develop such a manual on an empirical basis. Thus, we collected a large number of clinic manuals, identified specific content items and polled clinical directors, faculty, and graduate students as to which items should

be included. One of the most interesting findings to date is that certain items, rated as very important by almost all respondents, appear at a very low frequency in clinical manuals; for example, emergency intake procedures and guidelines for hospitalization of clients.

In a second study we conducted a survey of psychological clinics in APA-approved clinical training programs. From an analysis of this survey we expect to (1) develop an index of clinic adequacy, and (2) examine correlates of good clinic functioning. In particular we will look at characteristics of a clinic in respect to the attributes of the Clinic Director: administrative autonomy, professional status, etc. We expect to find a relationship between these characteristics and our index of clinic adequacy.

Summary

It is clear that too little training evaluation has been conducted by clinical programs. As is true of our own local evaluation efforts, isolated studies rather than integrated programs of evaluation appear to be the rule. Therefore it seems important to identify factors that may be associated with active program evaluation efforts. For example, in our own situation the clinical faculty was stable for many years, and we were invested in the outcome of what we considered program innovations. Perhaps evaluation is less meaningful and personal in those settings where turn-over is heavy and few faculty members have a sense of history and program perspective.

In those settings where faculty are not motivated to perform longitudinal studies, cooperative cross-sectional evaluation studies could be conducted in which several clinical training programs contribute to the data base. Few have been reported to date. Are we too busy? Too limited in resources? Too unimaginative in respect to possible cooperative strategies? Or, do we feel that program questions are not really important and that our energies are best expended where the pay-off is greater? Is inertia a factor?

Perhaps we should start with easily identified, circumscribed questions with high pay-off probabilities in terms of useful information to be disseminated. Success might encourage further efforts. For instance, up to 25% of APA-approved clinical programs report using the interview as a final selection criterion. That means that in any given year data could be gathered from about 30 programs. Since these programs admit an average of 11 students, a pool of some 330 students would be created. That should provide the opportunity to learn something of significance about the interview process and outcome. It isn't going to be easy, but as Stevenson and his associates point out (1984), we really ought to be getting about the business of evaluating our clinical training procedures.

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Footnote

[1]A presentation of the same title was part of a symposium: Stevenson, J. F., & Norcross, J. C. (1984). Clinical Training Evaluation: Local and National Perspectives. APA Convention, Toronto, Canada.

[2]Dr. Michael Dinoff was a faculty member in the Department of Psychology from 1961 to 1982, 18 of those years as Director of the Department's Psychological Clinic.